

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		43	7/30/01
<b>FORMALITY REVIEW</b>	(M)	135	8/12/01
<b>RESPONSE FORMALITY REVIEW</b>	SI	1021	03/13/02

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final Original	Date
1	1	7/26/01
2	1	7/26/01
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10	1	7/26/01
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25	1	7/26/01
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33	1	7/26/01
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35	0	7/26/01
36	0	7/26/01
37	0	7/26/01
38	0	7/26/01
39	0	7/26/01
40	0	7/26/01
41	1	7/26/01
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45	0	7/26/01
46	1	7/26/01
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Claim	Final Original	Date
51	1	7/26/01
52		
53		
54	0	7/26/01
55	1	7/26/01
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57	0	7/26/01
58	1	7/26/01
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Claim	Final Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

08/27  
JGM  
03/13/02